

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	<b>10/088656</b>
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11			1				61	
12				1			62	
13				1			63	
14				1			64	
15				1			65	
16				1			66	
17				1			67	
18				1			68	
19				1			69	
20				1			70	
21				1			71	
22				1			72	
23				1			73	
24				1			74	
25				1			75	
26				1			76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	15						TOTAL DEP.	
TOTAL CLAIMS	16						TOTAL CLAIMS	